

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157633		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/12/2013	
NAME OF PROVIDER OR SUPPLIER HOPE HOME HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3800 W 80TH LN MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p>INITIAL COMMENTS</p> <p>This revisit was for a federal home health agency complaint investigation survey that was conducted May 29 - 30, 2013 that resulted in an extended survey.</p> <p>Complaint IN00128619: Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies are cited.</p> <p>Survey date: July 12, 2013</p> <p>Facility #: 012444</p> <p>Medicaid #: NA</p> <p>Surveyor: Ingrid Miller, MS, BSN, RN, Public Health Nurse Surveyor</p> <p>During this survey, 1 condition of participation and 4 standard level deficiencies were found corrected.</p> <p>Hope Home Health Care, Inc. was found to be in compliance with 42 CFR 484.10 Patient Rights and 484.36(b)(1).</p> <p>Hope Home Health Care, Inc. is precluded from providing its own home health aide training and/or competency evaluation program for a period of two (2) years beginning 6/5/13 to 6/5/15 due to being found out of compliance with the Conditions of Participation 42 CFR 484.10 Patient Rights.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 15, 2013</p>			{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.